## **VACANCY NOTICE**

For opportunities in RHODE ISLAND STATE GOVERNMENT

CS-376

				Rev.9/93
OF	TITLE OF POSITION: Public Health Epidemiologist		CLASSIFICATION CODE:	02718500
	SALARY RANGE 331 46144-51998		REFERENCE POSITION NO:	1194-50900-4
	Health Disease Pre	ev. & Control	APPLICATION PERIOD: 12/17	7/04-12/23/04
ZZ	DEPARTMENT OR AGENCY NAME DIVISION/SECTION/UNIT			
은으	ASSIGMENT(S) COMMENTS:			
DESCRIPTION POSITION	SHIFT AND DAYS:		3 Capitol H	lill, Providence
	RESTRICTIONS/LIMITATIONS: Ltd. Federal Fun	ding 8-30-05		iii, i iovidorioo
SC	POSITION COVERED BY COLLECTIVE BARGAININ		X NO	
Ä	NAME OF BARGAINING UNIT PSA/NEA	NG UNIT TES	<u> </u>	
-		for this position (	CEE A/D FOR CRECIEIC INCERN	LICTIONS
	THERE IS IS NOT X A Civil Service List for this position. <b>SEE A/B FOR SPECIFIC INSTRUCTIONS</b> .  INSTRUCTIONS. STATE EMPLOYEE LATERAL BIDDER:			
	Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include either on the application or within a cover letter, both the File Position Title and number.  Most important- Please include the following information:			
	<ul> <li>The title of the position for which you are applying</li> </ul>		Name of department where you a	are currently
_	<ul> <li>The title of your present position and date you ent</li> </ul>	ered it.	employed.	
	<ul> <li>Date you entered State service.</li> </ul>	•	Your business telephone number	r.
ĕ		•	Present Union Affiliation ***	
STATEMENT GENERAL INFORMATION OF DUTIES TO CANDIDATE	**** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.  A. NON INCUMBENT / NON STATE EMPLOYEE APPLICANT:  If indicated above that no civil service list exists for this position, you need not to be in the class position.  All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write the letter "N.A." for NOT APPLICABLE. If you fail to answer all the questions on the application form, you may delay consideration of your application.  B. AMERICAN WITH DISABILITIES ACT:  Reasonable Accommodation:  If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMODATION, then the individual shall not be considered unqualified for the position.  MEDICAL INFORMATION:  Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the American with Disabilities Act (ADA).  DUTIES / RESPONSIBILITIES:  To monitor and analyze the incidence, prevalence and determinants of disease in the population; to identify effective health promotion and disease prevention strategies; to design and/or implement health promotion and disease prevention interventions; and to evaluate health promotion and disease prevention programs.			
MINIMUM EDUCATION & EXPERIENCE	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:  Minimum Requirements: Possession of a Masters of Public Health or a Masters of Preventive Medicine Degree or a Masters of Community Health Degree with specialization in the area of Epidemiology; and employment in a responsible position in a public or			
	private agency engaged in the field of public or community health relevant research experience in epidemiology. Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.			
0	Apply within the application period as shown on this announcement. NOTE: Some state union contracts allow a 3-day grace period for receipt of CS-14 application or bid. This office <b>does not</b> assume responsibility for applications sent through the mail.			
WHERE TO APPLY	SEND RESUME OR CS-14 APPLICATION TO:		222-2265	NHODE DISE
	Kathy Guadagno	Fax #	222-1256	- United
	Office of Health Personnel	TTD#	1-800-745-5555	<b>周</b>
₹ `	3 Capitol Hill, Room 402		(Hearing/Speech Impaired)	
l -	Providence, RI 02908		. 51 1 7	RA